

CURE COUNSELING & ASSESSMENT TRAINING CENTRE
PARACLETE COUNSELNG
2594 Highway 34 East Suite #B
Newnan, GA 30265
(770) 252-3760 OFFICE Email: office@curecounseling.com

PERSONAL CLIENT RELEASE OF INFORMATION

I, _____, hereby authorize the PARACLETE COUNSELNG and/or CURE COUNSELING & ASSESSMENT TRAINING CENTRE to release information pertaining to my evaluation and/or counseling sessions to:

for the purpose of: _____
(indicate the specific reason)

I understand that authorization shall remain valid from the date of my signature below and for 12 months thereafter ending on: _____

I have been informed that I may revoke this authorization by written or oral communication to CURE COUNSELNG OR PARACLETE COUNSELNG. I certify that this form has been fully explained to me and that I understand its contents.

Signature of Client

Date of Authorization

Signature of Witness

Date

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FAMILY MEMBER RELEASE OF INFORMATION

I, _____, hereby authorize the PARACLETE COUNSELNG and/or CURE COUNSELING & ASSESSMENT TRAINING CENTRE to release information pertaining to my evaluation and/or counseling sessions to:

Family Counseling Sessions

I understand that authorization shall remain valid from the date of my signature below and for 12 months.

I have been informed that I may revoke this authorization by written or oral communication to CURE COUNSELNG OR PARACLETE COUNSELNG. I certify that this form has been fully explained to me and that I understand its contents.

Signature of Client

Date of Authorization

Signature of Witness

Date